Conversion Disorder’s coexistence with Seizures

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Conversion Disorder and Seizures

When someone suffers from epilepsy one has a sudden change within the electrical activity in the brain that becomes recurrent and often times includes convulsions or uncontrollable behaviors. There are many types of seizures and the occurrence of epilepsy affects one to two percent of the population, according to alternative medicine (“Epilepsy,” 2013.) This was not the only case for Paulina because of the electroencephalogram’s Inability to detect any epileptiform activity. A conversion disorder or a functional neurological symptom disorder is often times categorized as a psychological stress that occurs and is demonstrated physically. Conversion disorders signs and symptoms arise, they cannot be controlled, and they have no physical cause (“Conversion Disorders,” 2014.) Conversion disorders often times coexist with a neurological disease.

Discussion of Diagnosis

Paulina was a rather tough case to diagnose for me from the beginning. At first glance, I assumed that she only had epilepsy, due to the convulsions that she was having, but I was proven wrong. During the study, she received the intravenous lorazepam and I was certain that the electroencephalogram or (EEG) was going to diagnose some epileptiform activity, especially since she was convulsing. There was no relation to any epileptiform activity so the test were continued. As the tests continued, the video-EEG (vEEG) and the antiepileptic’s were discontinued. I was certain that since the convulsive motor activity continued during the (vEEG) that the cause would be related to her epilepsy, but I was wrong again. That is when I started thinking maybe she had a misdiagnoses. After being diagnosed during adolescence with epilepsy, Paulina seemed as if she was suffering from a form of Somatic symptom disorder as well. I felt this way because her convulsions were not fully explained by her epilepsy, due to the fact that when the (EEG) took place there was no connection between her convulsions and a seizure. Somatic symptom disorders are not caused by medical conditions. With that said, I began to look deeper into the content that is categorized into a somatic symptom disorder. She had a distressed demeanor regarding the convulsions and the disruption in her everyday life. Often times, an individual suffering from a somatic symptom disorder has excessive or inappropriate thoughts, feelings or behaviors that lead them to be the way they are (American Psychiatric Association, 2014). I was surprised that as a kid no further testing was done such as an MRI or a PET scan to determine the accuracy of the initial diagnosis. I became very confused by her denying of any past treatments, depressive moods, stressors, and events that may have caused trauma in her life. I then began to look deeper into somatic symptom disorders and started reading about conversion disorders. Her behaviors were not completely related to any medical or neurological condition so that lead to dig deeper into a conversion disorder. Often times, if conversion disorder is diagnosed chronic pain, depression, history of abuse, and fatigue are present, but in her case everything was denied (“Conversion Disorder,” 2014.) It is also important to note that both factitious disorder and malingering were differentiated and ruled out. Paulina did not suffer from either disorder because she was not receiving any sort of compensation or benefit from this disease both internally and through her social and occupational life (Lyons & Martin, 2014.) She had to see the doctors almost against her will due to the convulsions and at the end of the study she was advised to see someone for some psychotherapy and she did not have any money to do so. I also feel that Paulina was having non-epileptic seizures. This is due to the fact that she is still having a seizure, but the (EEG) is not able to pick up the rhythmic discharges. It also needs to be pointed out that having (NES) and epilepsy is not uncommon (Voon & Brezing, 2010.) As I looked into some risk factors for conversion disorder I began to find that significant amounts of stress, being female, and having epilepsy or other neurological diseases are things to look out for. All of the risk factors I listed fit Paulina. Furthermore, the causes of conversion disorder are always triggered by a stress, emotions, or other mental health disorders (“Conversion Disorders” 2014.) That is when I began to look into the DSM-5 criteria to further analyze the information on hand.

According to the DSM-5, a diagnosis of conversion disorder describes symptoms of altered motor abilities and sensory function. This causes a vast amount of stress and impairs one’s ability to function normally. These types of disorders are not a recognized medical condition. There are many symptoms that are indicators for conversion disorder and they are divided between physical and psychological functions. To be diagnosed with a conversion disorder, a certain criteria in the (DSM) needs to be met.

1. “One or more symptoms of altered voluntary motor or sensory function.
2. Clinical findings provide evidence of incompatibility between the symptom and recognized neurological or medical conditions.
3. The symptom or deficit is not better explained by another medical or mental disorder.
4. The symptom or deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation” ---(American Psychiatric Association, 2014)

When diagnosing Paulina it was important to compare the symptoms she was having with the criteria in the DSM-5. It is also very important to understand that her diagnoses was determined and backed by many symptoms. Paulina was convulsing with no relation to any form of epilepsy which lead me to believe that she was having NES and a conversion disorder as well. She was well aware of her epilepsy, but was very concerned about the effects these tests will have on her both financially and timely rather than the issue at hand. It was also noted that when patients suffer from a conversion disorder they often have very little concern for themselves and the issue at hand (Stone & Levenson, 2010.) They frequently just ignore any signs and symptoms and almost just tell themselves that everything is going to be “okay.” Likewise, with the changes in the DSM-5 criterion that there are two categories listed for the duration of symptoms. One being known as acute which accounts for six months or less and the second category is known as persistent which accounts for anything more than six months (American Psychiatric Association, 2014.) Paulina was suffering from (A) on the DSM-5 list. She was suffering from abnormal movements not related to seizures. She was also having seizures, ignoring her symptoms, and was denying the stress. In addition, Paulina was also a perfect example of someone who suffers from (D) or significant amounts of stress when it comes to her going back to school and her everyday life. She was specifically worried about the time that was taken for this study and also the money that she was investing for the tests that were being taken.

There are a variety of symptoms that occur during conversion disorder. The motor symptoms include weakness or paralysis, abnormal movements, swallowing issues, attacks or seizures. The sensory symptoms include sensory loss from visual, olfactory, and hearing (American Psychiatric Association, 2014.) Conversion disorder may be influenced by a variety of things, varying from the personality traits that are associated with conversion disorder to the environmental factors that are caused by how the child was raised. Stress in life is usually present, but not always. (NES) is more common in patients who also have epilepsy than most believe. Ten percent of all patients who suffer from epilepsy also have (NES.) Acute symptoms are positive factors while maladaptive personality traits and comorbid physical disease are negatives (“Conversion Disorders,” 2014.)

At the end of the study Paulina left overwhelming irritated. She stated, “So, everyone thinks I’m just making this up?” to acknowledge her frustration. She was not able to be calmed by her medical staff and decided to leave against medical advice. The end result for her appeared very unsatisfying, but at the end of the day it is good to know that she will not have to spend any more money on various tests and treatment techniques. She needs to attend some therapy session with a psychologist or counselor to assist her in treating her symptoms. Since she denied all of her symptoms I believe this would be beneficial for any anxiety or depression she was still suffering from. She should consider talking to a physical therapist to make sure her body is functioning normally with her seizures. She should consider receiving varies medications to treat her other symptoms as well such as anti-anxiety, or anti-depressants since she denied her symptoms. This would only take place if she suffered from these mental health disorders. One of the biggest keys for her is to find ways to overcome all of her stress as well. The positive side for her as well is that she will not have to receive any additional medications to treat her symptoms. She will now finally have a better understanding for what she is suffering with and work her way through graduate school. She seemed very determined and I have a feeling she will figure things out sooner than later.

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